M35548
DESJARDINS
GERALD

orig to Actn Pwth Cgs
RL

REPORT ON WOUNDS OR OTHER INJURIES, EXCEPT ON WOUNDS RECEIVED IN ACTION

(Refer Overseas R.O. 2022)

PART I

No. M.35548 Rank Pte. Name DESJARDINS, G.

Unit 11 Cdn Inf Bde Wkshop was reported on the 16 Jun 1943

suffering from Head Injury

The disability is of a Fatal nature, and in all probability will N.A. interfere with his future efficiency as a soldier.

He N.A. (Here insert "claims" or "does not claim") that he was in the performance of military duty at the time of the accident.

(If the soldier makes no claim that he was on duty at the time the certificate below (Part II) should be signed by him.)

STATION Field

DATE 17 Jun 43

S. Vaisrub, Capt.
Medical Officer in charge.

PART II CERTIFICATE TO BE SIGNED BY SOLDIER

I, ... hereby declare that the injury sustained by me on the .... DID NOT occur while I was in the performance of military duty.

- - - - N.A. - - - -

.... Soldier's Signature

STATION .... Signature of Medical Officer

DATE ....

PART III

STATEMENT OF COMMANDING OFFICER:

(a) Was the individual in the performance of military duty? Yes

(b) Nature of duty? Testing Universal Carrier CT 43227 repaired in Workshop

(c) Was it incurred in a game or other form of physical recreation organized with the approval of unit commander? N/A

(d) If it was incurred on leave, was such leave with or without pay? N/A

(e) Was anyone to blame? No. Universal Carrier turned over as a result of a mechanical failure.
Whom? N/A

(f) Did the injury occur on military premises and if so what part of such premises? No.

(g) Court of Inquiry (See Overseas R.O. 2022, paragraph 9).

(i) Has one been held? When? Yes. 18 June 1943.

(ii) Will one be held? When? N/A

(h) Disciplinary action taken (if any required) or other remarks Nil

R.G. Farrell
(R.G.Farrell) Major.

Date 28 June 1943. Comd. 11 Cdn Inf Bde W/shop

M.F.B. 371
40/P & S/683 (2497)

See Part IV Overleaf

5M-1-46 (8548)
H.Q. 1064-81-3

DEPARTMENT OF NATIONAL DEFENCE

W.S.G. 35 — 2 — ARMY

NAVY — ARMY — AIR FORCE

STATEMENT OF WAR SERVICE GRATUITY

190

DECEASED MEMBER'S NAME: Ø Gerard (CHRISTIAN NAMES) DESJARDINS (SURNAME)

PAYEE: Director of Estates

ADDRESS:

REGISTER NO. D-21313
FILE NO. 405-D-10889
DATE 16-4-46
SERVICE NO. M-35548
FINAL RANK OR RATING Pte.

DATE OF TERMINATION OF OVERSEAS SERVICE 16-6-43 — DATE OF DISCHARGE 16-6-43

	$ ¢
A. TOTAL QUALIFYING SERVICE — NO. OF DAYS 743 / 30 EQUAL TO 24 COMPLETE PERIODS AT $7.50	180.00
B. QUALIFYING OVERSEAS SERVICE — No. of Days 186 less 23 ineligible days, equal to 163 days @ 25c. per day	40.75
	220.75

C. SUPPLEMENT FOR OVERSEAS SERVICE

DAILY RATES AT DISCHARGE

PAY	$ 1.50
SUBSISTENCE OR LODGING AND PROVISION ALLOWANCE	$ 1.25
ADDITIONAL PAY	$ .75
	$
	$
DEPENDENTS' ALLOWANCE 1/30 OF $	$
TOTAL	$ 3.50 ×7 = $ 24.50
NO. OF DAYS 186 / 183	×$ 24.50 — 24.90

D. WAR SERVICE GRATUITY — 245.65

ESTATES BRANCH MAY 6 1946 H. Q. OTTAWA NATIONAL DEFENCE

E. DEDUCTIONS — OVERPAYMENT OF PAY AND ALLOWANCES $
DEPENDENTS' ALLOWANCE AND ASSIGNED PAY $
OTHER DEDUCTIONS $

F. TOTAL AMOUNT PAYABLE — 245.65

G. YOUR PORTION OF GRATUITY IS—

100%

DEPENDENTS' ALLOWANCE IN ISSUE TO YOU $ ______ OF $ = $
TOTAL DEPENDENTS' ALLOWANCE IN ISSUE $

CERTIFICATE I CERTIFY THAT THE AMOUNT HAS BEEN CORRECTLY COMPUTED AND IS PAYABLE IN ACCORDANCE WITH THE TERMS OF THE WAR SERVICE GRANTS ACT, 1944 AND THE REGULATIONS ISSUED THEREUNDER.

PREPARED BY	CHECKED BY	TREASURY CHECKED BY	DATE
KRM	[signature]	V Birmingham	18/4/46

G. L. Dantancy Capt.
SERVICE REPRESENTATIVE

FORM No. 1

Register No. CD 496 Nominal Roll No. D-500

H.Q. File No. 400-D-10889

To: P.M.G.

CANADIAN ARMY (ACTIVE)

Computation of Service

WAR SERVICE GRANT

Regt. No.	Rank when S.O.S.	Surname	Christian Name in Full
M-35548	PTE	DESJARDINS	GERARD

REASON FOR TERMINATION OF SERVICE:

1st Enlistment DECEASED CARO ( )

2nd Enlistment CARO ( )

3rd Enlistment CARO ( )

Total Service

1ST ENLISTMENT	2ND ENLISTMENT	3RD ENLISTMENT
T.O.S. 2 JUN 41	T.O.S.	T.O.S.
S.O.S. 16 JUN 43 MD OS	S.O.S. MD	S.O.S. MD
Total Days 745	Total Days	Total Days

Total Service 745 DAYS

—	Total Service	Less Non-qualifying Service	Net Service
Western Hemisphere	559	2	557
Overseas Service	186		186
Totals	745	2	743
Add Non-qualifying Service			2
Total Service			745

EMBARKATION DETAILS:

1. Date S.O.S. Overseas 16 JUN 43 2. Date S.O.S. Overseas

REMARKS:

Computer's Signature

Checker's Signature

Date Computed 19 DEC 45

DIED WHILST IN SERVICE 16 JUN 43

CERTIFIED that entitlement to benefits under the War Service Grants Act, 1944, has been established, based on service shown herein.

C. L. LAURIN,
Colonel,
DIRECTOR OF RECORDS.

500M—11-44 (6012)
H.Q. 1772-45-8

Details of Non-Qualifying Service

Western Hemisphere—

Forfeits for	From	To	Effective Date	Days	Total
AWL			20 MAY 42		2
				Total	2

Overseas: T.O.S. 13 DEC 42 T.O.S. T.O.S.

S.O.S. 16 JUN 43 S.O.S. S.O.S.

				Total	

INVENTORY OF PERSONAL EFFECTS OF:
M-35548 Pte. DESJARDINS, G.

- 1 Leather Money ~~Belt~~ WALLETT - With Photos.
- 1 Framed Portrait
- 21 Photographs
- 1 Nail File
- 1 Shaving Cream container - Empty
- 1 Compact
- 1 Booklet -"Epistle to the Romans" (Not Enclosed)
- 1 Writing Pad and Envelopes

10/9/43
[illegible]

26/10/43

Incomplete 5 Jul 43

pl. M.O. Cathcart ....

M.F.M. 510
40/P & S/254 (1-43)

CANADIAN ACTIVE SERVICE FORCE
OVERSEAS

District.....

Dispersal Area.....

LAST PAY CERTIFICATE
(All Ranks)

Regtl. No. M.35548 Rank and Name PTE. G. DESJARDINS, (Deceased).

of (Unit)..... on.....

(~~Transfer or~~ Discharge)..... to..... on 16 June 19 43

Reason Death. Authority: C.C.L. "C" 1065 d/17 June 43.

The following is a statement of the account of the above-named from 1 June to 30 June 19 43 the inclusive date of transfer or discharge.

Dr. Particulars	Amount		Cr. Particulars	Amount	
Balance Dr. from last account			Balance Cr. from last account	27	12
First Monthly Payment A.R.15.	13	41	Regimental Pay 30 days at $1.30	39	00
Casual Payments 15 June 43			Tradesmen's Pay 30 days at $ .75	22	50
Payments on Transfer or Discharge			Additional Pay (Give particulars) Prof. Pay 30 days at $ .20¢.	6	00
Assigned Pay	20	00	Allowances (Give particulars) days at $		
Regimental Charges					
Public Stoppages (Give particulars): MFM. 513.		96	Def. Pay Interest.		23
To Balance Cr. Free	15	48			
Deferred C.122	45 60	00 48	By Balance Dr.		
Total	$94	85	Total	$94	85

BALANCE GIVEN IS SUBJECT TO ANY CHARGES AND/OR CREDITS ENDORSED ON THE REVERSE HEREOF

Remarks:

Assigned Pay $20.00 stopped eff. July 43.

ESTATES BRANCH H.Q. OTTAWA NATIONAL DEFENCE AUG 18 1943

Compiled by B.M.Wadsworth.

Checked by E.N.Clark

Date 31st July 19 43.

Certified correct E. E. Wenbrook
for Chief Treasury Officer, Overseas.

MÉMORANDUM POUR

Madame Regina Pelletier Desjardins,
434, rue Fournier,
St. Jérôme, Qué.

Prière d'adresser toute communication subséquente à ce sujet à

M. LE SECRÉTAIRE,
MINISTÈRE DE LA DÉFENSE NATIONALE,
OTTAWA, ONTARIO

AUX SOINS DE L'ADMINISTRATEUR DES SUCCESSIONS

et de citer le numéro suivant:

Q.G. 405-D-10, 889 FD. 339

MINISTÈRE DE LA DÉFENSE NATIONALE
OTTAWA, ONT.

le 12 juillet 1943

Afin de les consigner dans nos dossiers et au cas où il reviendrait un reliquat de solde, des médailles ou insignes commémoratifs, autorisés par la loi, à feu

DESJARDINS, Gerard, Soldat,

No. M.35548, C.A.

ESTATES BRANCH
JUL 27
H.Q.
OTTAWA
NAL DEFENCE

il est nécessaire que les renseignements voulus concernant le défunt et les membres de sa famille soient fournis à l'intérieur de cette formule en stricte conformité des instructions imprimées. Les détails exigés doivent être inscrits comme il faut et la déclaration au verso doit être ensuite signée en présence d'un pasteur, prêtre ou magistrat de la localité, que l'on priera de compléter et signer le certificat.

Cette formule doit être renvoyée à l'adresse ci-dessus mentionnée.

(O. Godbout) Capitaine,
pour (L.M. Firth) Lt.-Colonel,
L'administrateur des successions.

M.F.W. 77a
1M—7-40 (6266)
H.Q. 1772-39-972

ÉTAT des noms, âges et adresses, ou dates de décès, de tous les parents du défunt à chacun des degrés spécifiés ci-dessous.

Degrés de parenté	PARENTS à signaler		TÉMOIGNAGE DU DÉCLARANT — NOM ET PRÉNOMS de tout parent de chacun des degrés mentionnés	Âge	ADRESSE AU LONG de chaque parent survivant, en regard de son nom et date de décès de tout parent décédé
1	Veuve du défunt .... non		—	—	—
2	Enfants du défunt et dates de naissance; si un ou plusieurs enfants sont décédés, la date du décès, et mentionner s'ils étaient mariés ou non .... non		—	—	—
3	Père du défunt		Desjardins Napoléon	52	434 Fournier S. Jérôme
4	Mère du défunt		Pelletier Régina	50	id
5	Frères du défunt	Frères germains 2	Desjardins Fernand	22 ✓	id
			" marcel	14 ✓	id
			" [Roger	,	décédé 1 sept 1917
			" marcel]	,	" juin 1924
			" Roger (soldat)	23 ✓	D109690 22 CAR CA.OS. 3 Squadron overseas — see address in attached letter
		Demi-frères	—		
6	Sœurs du défunt	Sœurs germaines 2	" Béatrice	27 ✓	434 Fournier, S. Jérôme
			" Pierrette	19 ✓	id
			" [Solanges]	22	17 juillet 1936 (déc
		Demi-sœurs	—		

	Noms des frères ou sœurs (germains ou non) du défunt qui sont décédés et date de décès de chacun d'eux	Noms et âges de leurs enfants, le cas échéant	Adresse de leurs enfants
7	décédés { Roger - 1 sept. 1917 Marcel - juin 1924 Solanges - 17 juillet 1936		

LES RENSEIGNEMENTS QUI SUIVENT NE DOIVENT ÊTRE DONNÉS QUE S'IL N'Y A PAS DE PARENTS VIVANTS AUX DEGRÉS PRÉCITÉS

	—	NOMS DES VIVANTS	Âge	ADRESSE AU LONG
8	Grands-parents du défunt			
9	Oncles et tantes directs du défunt (non pas les oncles et tantes par alliance)			

DÉTAILS D'IDENTITÉ

10	Quels sont les nom et prénoms du défunt?	Desjardins - J. Horace Gérard
11	Indiquez le mois et l'année de sa naissance.	17 octobre 1918
12	Où et quand ses parents s'étaient-ils mariés?	à S. Faustin le 27 juillet 1913
13	S'était-il marié? Le cas échéant, indiquez le lieu et la date exacts du mariage. A-t-il laissé un contrat de mariage?	non
14	A-t-il laissé un testament? Le cas échéant, veuillez l'adresser.	probablement que non
15	Existe-t-il quelque autre actif qui nécessite une vérification du testament par la cour, ou (pour les provinces anglaises seulement), une demande de Lettres d'Administration?	non

DÉTAILS DE DOMICILE

16	Où le défunt était-il né?	Mont-Laurier
17	Dans quel province, pays ou état a-t-il demeuré et demeurait-il en dernier lieu?	P. qué - P. Alberta + Sask.
18	Combien de temps dans chacun d'eux?	toujours sauf 6 mois en Alberta ou Sask., où il s'est enrôlé
19	Quelle était la nature de son emploi?	aucun métier - journalier
20	Était-il propriétaire de la maison ou du homestead où il demeurait? Le cas échéant, à quel endroit?	non
21	A-t-il jamais déclaré de vive voix, ou par écrit, où il entendait vivre d'une façon permanente?	non
22	Indiquez votre adresse postale au long.	Dame Régina Pelletier-Desjardins 434 Fournier, à Saint-Jérôme

DÉTAILS DES CRÉANCES

23	Les frais d'enterrement ont-ils été payés? Le cas échéant, par qui?	Il n'y en a pas de service encore.
24	Y a-t-il une réclamation pendante contre la succession? Le cas échéant, donnez les nom et prénoms et l'adresse de chaque créancier dans cet espace et joignez sa facture. (Voir remarque ci-dessous mentionnée.)	non

REMARQUE.—Le paragraphe 24 a trait aux dettes contractées pour nourriture et logement, frais de médecin et d'enterrement, emprunts, achats de marchandises, etc.; les renseignements suivants doivent être inclus dans tous les comptes:

1. Nom et adresse du créancier.
2. État détaillé de la créance, y compris la date ou les dates où la dette a été contractée.
3. A la fin de son état de compte, le créancier devra certifier que le compte est juste et raisonnable, que nul paiement, sauf ceux qui sont mentionnés, n'a été effectué à cet égard et qu'il n'a aucune garantie en sa possession. Le créancier devra alors apposer sa signature et si vous admettez que la réclamation est exacte, vous pourrez alors certifier la facture et la signer.

(VOIR AU VERSO)

Insérez le degré de parenté, par exemple: "veuve", "père", "frère", etc.

DÉCLARATION

Je, soussigné, déclare que les renseignements qui précèdent sont exacts et constituent une liste fidèle et complète de tous les parents que le défunt ait jamais eus aux degrés signalés; et que je suis le/~~la~~ mère du défunt.

N.B.—À être signée au long en présence d'un pasteur, prêtre ou magistrat de la localité.

Regina Pelletier Desjardins (Signature du déclarant)

CERTIFICAT

Je, soussigné, certifie que, autant que je sache, Dame Regina Pelletier Desjardins (Nom du déclarant) est le/~~la~~ mère du défunt ci-dessus décrit et je crois que la déclaration précédente, de même que la liste des parents qui ont été fournies et signées en ma présence sont complètes et exactes.

Daté à Saint-Jérôme ce 26ème jour de juillet 1943

Signature du pasteur, prêtre ou magistrat. Paul Labelle ptre Titre vicaire

Adresse 355 rue St Georges - S. Jérôme

REMARQUE.—Avant d'accorder le certificat qui précède, il faut veiller à ce que le déclarant donne des détails concernant le décès de tout parent qu'il déclare être décédé et que les nom et prénoms et adresse de chaque parent survivant visé soient inscrits à l'endroit voulu dans la déclaration qui est vis-à-vis.

Département of National Defence
ARmy-
Divisions des ~~Successions~~
Ottawa Canada

ESTATES BRANCH
AUG 25 1943
N.D.H.Q.
OTTAWA
NATIONAL DEFENCE

Cher Monsieur ~~Godbout~~ Capitaine
jai bien recue votre lettre
à propos de la Succession de
mon fils Gérard Desjardins
Soldat (décédé) no M135-5-48
no 11- Infantry Brigade Workshop
RCOC -- CA - et à ce propos
vous me demander de vous
envoyer ladresse de mon autre
fils actuellement en Angleterre
la voici -
no D109-690-DESJARDINS-ROGER
Squadron 3- C-A.0S-
Regiment 22- C-A-R -
CANADIAN-ARMY-
OVERSEAS-
esperant que ceci -
vous parviendras au plus tôt -
Votre toute devouée Mme Regina
Pelletier Desjardins 434 Fournier
St Jérome

KVB

M.F.M. 5
150M—1-42 (3165)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE CANADIAN ARMY (AF) OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the Canadian Army (AF) or R.C.A.F. ON ACTIVE SERVICE.

(*b*) All questions, etc., must be completed.

(*c*) Upon completion, the form will, in the case of Army personnel, be forwarded to the District Records Officer for transmission to Officer i/c Records (Army) N.D.H.Q., Ottawa. In the case of R.C.A.F. personnel the form will be forwarded to R.C.A.F. Records Officer, Dept. of National Defence for Air, Ottawa.

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(1) Name of Officer or Other Rank DESJARDINS GERARD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Official Number and Rank M-35548 Pte.

(3) Unit No.13 A District Depot

(4) Are you married? No

(5) If married, state,

(*a*) Full name of your wife

(*b*) Present postal address of wife

(6) If married, have you been regularly supporting your wife? If not—state reasons

(7) Are you a widower? No

(8) Have you any children? No Number of boys Girls

Names and ages

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them N.A.

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name N.A.

Postal Address

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment? No

If so, state her full name and Postal Address

(11) Is your father alive? Yes

If so, state name and address, occupation Napoleon Desjardins (Labourer) Mont Laurier, Que.

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?

(14) Is your mother alive? Yes

If so, state name and address Regina Pelletier Desjardins Mont Laurier, Que.

(15) If your mother is a widow, are you her sole or partial support? N.A.

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?

(17) Are you contributing to the support of any dependents, other than those shown above?
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship

Full Name

Postal Address

Amount contributed monthly during the past six months

(18) Are you insured? No

If so, in what Company? N.A.
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium? N.A.
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

(Sgd) Gerard Desjardins
(Signature of officer or man)

Date June 3, 1941.

(Sgd) T.B.T. Hewett, Captain
for Officer Commanding No.13A District Depot

Date June 3, 1941.

N.B. (If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.)

FORM 6

DOMINION BUREAU OF STATISTICS—QUEBEC DEATH TRANSCRIPT

Do not write in this space

1. PLACE OF DEATH — Municipal county: ENGLAND. Official name of civil municipality or township: Place an X over the word which applies to this municipality or this territory: City | Town | Village | Parish | Township

Street: No. Hospital or Institution:

2. LENGTH OF STAY — (a) In hospital or institution: Years ... Months ... Days ... (b) In municipality where death occurred: Years ... Months ... Days ... (c) In Province: Years ... Months ... Days ... (d) In Canada (if immigrant): Years ... Months ... Days ...

3. NAME OF DECEASED — Surname: DESJARDINS, (Block letters) Given names: Gerard.

Do not write in this space

4. RESIDENCE — Street ... No. ... Official name of civil municipality or township: Mont Laurier, Municipal county ... Province: Quebec.

5. SEX	6. NATIONALITY (Citizenship)	7. RACIAL ORIGIN	8. Single, Married, Widowed or Divorced (*Write the word*)
M.			Single.

9. If married give name of wife or husband of deceased

10. BIRTHPLACE (Province or Country): Quebec.

11. DATE OF BIRTH: October (Month) 17th, (Day) 1918. (Year)

12. AGE OF DECEASED	Years	Months	Days	If less than one day old
	24	7	30	...hrs. or ...min.

OCCUPATION

13. Trade, profession or kind of work, as **spinner, teamster, office clerk,** etc.: Tractor Driver.

14. Kind of industry or business, as **cotton-mill, lumbering, bank,** etc.:

15. Date deceased last worked at this occupation:

16. Total years spent in this occupation:

	17. NAME	18. BIRTHPLACE (Province or Country)
FATHER	DESJARDINS, Napoleon.	
MOTHER (Maiden Name)		

19. Place of burial, cremation or removal: Surrey, England.

20. Date of burial: June (Month) 19th, (Day) 19 43. (Year)

21. PLACE OF REGISTRATION OF THIS BURIAL

(a) Name of parish or church:

(b) Civil municipality of:

(c) Municipal county:

(d) Date: ... (Month) ... (Day) ... 19... (Year)

CONFIDENTIAL MEDICAL CERTIFICATE OF DEATH

22. Date of death: June (Month) 16th, (Day) 19 43. (Year)

23. I HEREBY CERTIFY that I attended deceased from ... 19... to ... 19...

and last saw h... alive on ... 19...

24. CAUSE OF DEATH

I

Immediate cause Give disease, injury or complication which caused death, **not** the mode of dying, such as heart failure, asphyxia, asthenia, etc.: (a) Puncture wound of chest and lung.

due to

Morbid conditions, if any, giving rise to immediate cause (stated in order proceeding backwards from immediate cause): (b) ...

due to

(c) ...

II

Other morbid conditions (if important) contributing to death but **not causally related to immediate cause.**

III If a communicable disease is mentioned on this certificate, give (a) Date of appearance ... 19... (b) Duration of disease ... days

OVERSEAS CASUALTY CANADIAN ARMY

25. If a woman, was there a puerperal condition?

26. Was there a surgical operation? ... Date of ... 19...

State findings ... Was there an autopsy?

27. If death was due to external causes (violence) fill in also the following:—

Accident, suicide or homicide: Accident (State which) Date ... 19...

Manner of injury: Due to overturning of a Bren Gun Carrier in which he was riding. (How sustained)

Nature of injury:

Specify whether injury occurred in **industry, in home, or in public place**

Signed ... **M.D.**

Address ... **Date** ... **19**...

28. Signature of person who fills in the form (curate, coroner, hospital authority, etc.)

J. B. Reding

This signature authorizes the collector to accept this form as authentic.

29. Name of clergyman in charge of Register of Civil Status in which registration of this burial was made.

(Voir l'autre côté pour le français)

for Director of Records, Dept. of National Defence.

Army Form W3314.
(pads of 25, in triplicate)

BURIAL RETURN.

RECEIVED 22 JUN 1943 Cdn. Sec. G.H.Q. 2 Ech. Central Registry.

(Date) 19 June 1943

PLACE OF BURIAL Brookwood Cemetery Map Reference 397762 /114
(and name of Cemetery) Canadian Military Extension Ground.

Grave No. 4, Plot 40, Row G. Army No. M-35548

Unit 11 Cdn. Infantry Bde. W/Shop.

Name: (Surname) Desjardins (Initials) Gerald.

Rank Pte. Religion R.C.

Date of Death 16 June 1943 Date of Burial 19 June 1943

Means of Identification Plate on coffin.

Have effects (if any) been forwarded to the Base? Yes.

Personal effects.

CROSSES. (Strike out all but one line).

1. No cross required as an adequate cross with durable inscription is already in position.
2. Cross required : (*a*) Will be called for at G.R.U. Office at
   (*b*) To be forwarded by G.R.U. to
   (*c*) To be erected by G.R.U. as soon as possible.

Note 1. When a Chaplain or Burial Officer renders a Burial Return and is not in a position personally to verify the particulars shown thereon, he must invariably state on the form sent to the D.A.G. 2nd Echelon the authority responsible for supplying the details of identity, and (if possible) how they were obtained.

Note 2. This form to be rendered in triplicate.

1 Copy to Director-General Graves Registration and Enquiries, War Office (A.G. 13).
1 ,, ,, D.A.D.G.R. and E. of the Army in which the Chaplain is serving.
1 ,, ,, D.A.G. 2nd Echelon.

(Signed) A. S. Thomson H. Capt. Unit C.C.S.
C.F., or O. i/c Burials. att'd 2nd Arm. Regt G.S.H

Wt. 16453/47 10m pads 7/40 N.L. & Co. Ltd. 51-7208.

Certified by me, E. Fitzwm H.M.Coroner as a true copy

of **An Inquisition** *taken for our Sovereign Lord the King, at*

Sussex. *TO WIT.*

Pouchlands House *in the Parish of* East Chiltington *in the County of Sussex, on the* 21st *day of* June A.D. 19 43 *[and by adjournment on the* ..... *day of* ..... A.D. 19 ..... *], by me, EDWARD FITZWILLIAM HOARE, Esquire, one of the Coroners for our Lord the King, for the said County of Sussex, on view by me of the body of*

Gerard Desjardins

*as to h*is *death; and I, the said EDWARD FITZWILLIAM HOARE, do say:—*

That the said Gerard Desjardins *on the* 16th *day of* June *at* Font Hill *in the Parish ~~aforesaid~~* of Newick

D I E D

And that the Cause of Death was the overturning of a Bren Gun Carrier in which he was riding.

So dying by accident

and do add the rider on back hereof -

And so do further say that death was due to Puncture wound of chest and lung

and I, the said EDWARD FITZWILLIAM HOARE, do further say that the said Gerard Desjardins *at the time of h*is *death was a male person of the age of* 24 years *and a* Pte M. 35548, R. C. O C. Formerly a Tractor Driver and lived at 434 , Fournier Street , St. JEROME . QUEBEC.

In Witness *whereof I, the said EDWARD FITZWILLIAM HOARE, have hereunto subscribed my Hand and seal the day and year first above written.*

E. F. HOARE.

Sch. 419. 500. 8/42. *T.S.

"I consider the accident due to a Mechanical defect and that the driver was taking all reasonable care"

Certified by me, E. F. Hoare H.M. Coroner, as a true copy

Sussex } of *The* **Depositions** *of Witnesses taken and acknowledged on behalf*
to wit }

of our Sovereign Lord the King touching the death of Gerard Desjardins *, at the Coroner's Court* Pouchlands House *in the Parish of* E.Chiltington *in the County of Sussex, aforesaid, on* *, the* 21st. *day of* June *one thousand* 943.

before EDWARD F. HOARE, Esquire, one of His Majesty's Coroners for the said County, on an Inquisition then and there taken on View of the Body of the said Person then and there lying dead.

Ralph PERKINS. Pte. No. H. 100739

R. C. O. C. 5th. Canadian Div.
age 28 years

SAYS ON OATH:-

"I was in Newick on the evening of Wednesday, the 16th.June 1943 at the Bull Inn at about 10 p.m. I came down in the Bren Gun Carrier from Maresfield

I saw the crew of the carrier in the pub. with Staff Sargeant SMITH. I knew they were going back to Camp and when the carrier drew round to the front of the Pub. I hopped in with them. We left the Bull Inn about 10.15.p.m. and proceeded up Church Road. There were seven men in the carrier, including Staff Sergeant SMITH.
I understood we were going by a short cut back to camp,down Mackerell Hill and the Piltdown-Barcombe Road.

Arriving at the fork at the bottom of Font Hill, the driver , Staff Sergeant SMITH, turned the carrier completely round in the road, with the result we were facing back the way we came. We proceeded a short distance , then the right track seemed to lock, causing the Carrier to swing to its right. Then it went through the hedge on its right and turned down over the bank.
I was thrown clear as also was Staff Sergeant SMITH.
As soon as we could, we looked to see what we could do to extricate the others. As far as I remember the Carrier was upside down.

Very soon civilians and others arrived

Ralph PERKINS contd.

arrived/ and eventually the rest of the crew were got out from underneath.

My opinion of the cause of the accident was due to the locking of the right track which caused the carrier to swing right off the road.
There was no other traffic about nor was any other vehicle involved. My opinion is that when we all got into Bren Gun Carrier we were all sober."

Signed R. PERKINS. Pte.

(Miss) Doris Joan MACLEOD,
c/o Mrs. Moore, Font Hill, NEWICK.
Womens Land Army. age 17½ years.

SAYS ON OATH:-

"My friend, Joyce KENYARD, and I had arranged to meet Pte. PERKINS and Pte. CHENIER at Newick about 7.p.m. on Wednesday evening, the 16th. June 1943. We arrived there but after waiting sometime, decided to go to the Camp by 'bus. This we did and on getting there saw the boys just coming out. We all came back to Newick in the Bren Gun Carrier, arriving just before 9.p.m.

amended after Pte. saying "by bus" EPH.

We all went to The Bull Inn and about 9.15.p.m. other boys came in The Bull after taking their Brem Gun Carrier round in the yard at the back.

We all stayed there until about 10.15.p.m. when we came out with PERKINS and CHENIER. The arrangements had been made in The Bull that they were to go back to Camp in the carrier.

My friend and I then walked down Font Hill and presently the Carrier came along and on cathhing up to us it stopped. There was some conversation and then the carrier went on. After a few minutes the Carrier came back having turned round. It again stopped on reaching us and there was some more conversation. It then started off again and the next thing we heard was a crash. We turned round and saw the carrier had gone down the right hand bank and turned over in the field. There was nothing else on the road at all. I and my friend were not in the carrier at all after leaving The Bull Inn."

Signed D. J. MacLeod.

Miss Joyce KEBWARD
c/o Mrs. Moore, Font Hill, Newick.

Womens Land Army. age 20 years.

SAYS ON OATH:-

"My friend, Miss MacLEOD, and I had arranged to meet two soldiers whom we knew, PERKINS and CHENIER at Newick at about 7.p.m. on Wednesday, the 16th. June 1943. We went to Maresfield by "bus."and saw them there and we all came back to Newick and went into The Bull. We got there just before 9.p.m. (see below)

See words by bus alleged below

About 9.15. p.m. we were sitting by the window when I saw a Bren Gun Carrier draw up. I believe it was put round in the yard at the back. Presently four or five men came in, dressed in overalls and black berets. They knew PERKINS and CHENIER and it was arranged they should go back to Camp in the Carrier.

My friend and I, and PERKINS and CHENIER, came out of The Bull about 10.15.p.m. Shortly afterwards we left them and started walking home,

We had got nearly to the bottom of the hill when the carrier caught up with us and stopped . There were then six or seven men in it. There was some conversation then the Carrier went on and a few minutes later it came back. It stopped again for some moments while there was some more conversation and then we turned to come up the hill.

We had walked some little way when there was a crash. We ran back and saw the Carrier had gone through the hedge, down a bank andinto a Wheatfield on its right hand side of the road. There was no other traffic about at the time, but when the carrier first stopped there was a green van and a private car that came from Newi ck and passed by after the carrier had started up. These two vehicles had nothing to do with the accident, having gone about ten minutes before it happened.

I guess I've told you a pack of lies. I and my friend came back from Maresfield to Newick in the Bren Gun Carrier"

Signed J. KENWARD

Norman ALLAN, Armourer Serg . Major, R. C.O.C.

5th. Canadian Division.

SAYS ON OATH:-

"On morning of the 17th.June 1943 I went to scene of the accident and found the Bren Gun Carrier upside down in a Wheatfield in Church Road, Newick.

I had it righted and looked to see if the steering &c., had been damaged by the fall, but I saw nothing wromg.

I got it back on to the road and started to drive it back tocamp. I found it answered quite well to left lock but the right lock would not recover itself. This made the carrier always want to go to the right hand side. At the Workshop the Carrier was dismantled and I found the left brake was O.K. but the right brake with the housing of plungers badly scorched and they would not, therefore,move freely in the housing.

I consider this defect was present in the carrier before the accident, it is not unusual for brakes to seize up, they are apt to drag but the carrier may go miles before completely seizing up and when this happens there is no control of the carrier at all, and it will always go over the side on which the seizing up has taken place. "

Signed N. ALLAN.

John SMID, Staff Sergeant No. M.28058

R. C. O. C. 5th. Canadian Division,
age 28 years.

SAYS ON OATH AND AFTER CAUTION:-

"On the evening of Wednesday the 16th.June 1943, about 8.45.p.m I left camp driving a Bren Carrier. There were three others in the crew with me. The carrier was taken out for test after repair and I had one other man in the carrier. We went along the main road to Newick and during the run I stopped from time to time to see to various things on the carrier and on the way we picked up two girls and PERKINS & CHENIER but they were dropped before we got to The Bull Inn.

Round about 10.p.m. I picked up three more men of my unit who wanted a ride back to camp. We were then at Newick Green. We turned up Church Road after picking up these men and proceeded down Font Hill, until we arrived at a fork. I decided the road then appeared rather narrow and winding to take and it was getting dark so I turned the carrier round intending to return to Newick Green and the main road.

We had proceeded only a short distance, when the brakes on the right hand side locked, and before Icould do anything the carrier was off the road on its right hand side and down the bank. I hung on to the wheel and my impression is that the carrier came to rest on its side. As soon as we could the man who was thrown clear and I, rocked the carrier until it was clear of the others who were underneath and got them out. Several people, civilians and Home Guard, arrived and rendered assistance , There was no other traffic about the road being empty of any other vehicles.

My opinion of the cause of the accident is that owing to a mechanical defect, the right hand track locked , and owing to the road being so narrow there was no time to correct the swing before the carrier was through the hedge and down the bank. It is my duty to test the carrier and Iwas on duty with the crew."

J .SMID

Dr Richards M.O. Chailey Institution

SAYS ON OATH:-

"I have examined the deceased and find the following -

Left Side 1. Longitudinal abrasion extending from the back to the left axilla for about 3"

2. Abrasions corresponding to the level of the 7th. rib in the left loin.

3. A deep punctured wound which has in all probability punctured the lung, which accounts for haemorrhage coming from the mouth.

4. There is a large area of Surgical emphysema corresponding to"2" and "3"

Right Side

1. Bruising on outer side of right eye

2. Abrasions on the inner side of the popleteal space

3. Abrasions on inner side of leg just below the calf.

There were no signs of any fractures anywhere, and in my opinion cause of death was the punctured wound causing excessive haemorrhage into the left thorax , due probably to laceration of the lung. "

Signed H. W. RICHARDS. M.R.C.S.

~~61.41 5/20~~

61.41	5/20
86.97	15/20
24.56	10/20
24.56	10/20
24.56	10/20
24.56	10/20

245.65

(3)

22235

8/2 245.65

C.G.
UNIT DOCUMENTS DID NOT INCLUDE M.F.M. 23. THIS COPY MADE UP FROM INFORMATION ON SOLDIER'S DOCUMENTS ON FILE IN RECORD OFFICE.

M.F.M. 23
100M—4-42 (4370)
H.Q. 1772-39-1677

CANADIAN ARMY

PROCEEDINGS ON DISCHARGE

DECEASED.

(These proceedings should be accompanied by the documents specified on fourth page)

Regimental No. M-35548 | Rank Private

Surname: D E S J A R D I N S

Christian name: Gerard

NOTE.—The name must agree strictly with that on enlistment unless changed subsequently by authority.

Unit or Corps: 11 Cdn. Inf. Bde. W/S R.C.O.C.

Date of discharge: June 16th, 1943.

Place of discharge: Overseas. Mil. Dist. No.

1. DESCRIPTION AT DATE OF DISCHARGE

Age 22 years months

Height 5 feet 3 inches

Complexion Fair

Eyes Blue

Hair Lt.brown

Trade Tractor Driver

Descriptive marks
Nil

Intended place of residence (To be given as fully as practicable: *i.e.*, mailing address) .....
Street and Number P.O., City or Town, etc.
Province

2. The above-named man is discharged in consequence of

Authority for discharge "D E C E A S E D" DECEASED.

N.B.—The cause of discharge must be worded in accordance with Canadian Army Routine Orders as may be published. If discharged by superior authority, the number and date of the letter to be quoted.

To be in the handwriting of the Commanding Officer, who will himself make identical entries on the discharge certificate and initial them.

3. Conduct while in the service has been, according to the records, etc.

N.B.—See K.R. Can. 385. This will be assessed when practicable, by the Commanding Officer, in the presence of the soldier and the Officer Commanding his Squadron, Battery or Company.

4. Special qualifications for employment in civil life. (*Vide* K.R. Can. 384.)

(OVER)

5. He is in possession of the following number of G.C. Badges:

5A. Service Button (Class and number.....)
(If and when authorized)

No reference to G.C. Badges is to be made on either the discharge or character certificate.

6. Medals and Decorations..... { .... } To be copied by the Commanding Officer on to the parchment Discharge Certificate.

7. I have impartially enquired into all matters concerning this soldier's discharge brought before me in accordance with Regulations.

(Place).....

(Date).....*Commanding*.....

8. **Certificate to be signed by the Soldier on Discharge**

I hereby acknowledge that I received all my Pay, Allowances, and Clothing, and all just demands, up to the present date, subject to the reservations of the claims noted on the third page, and that I have received my permanent discharge certificate.

(Place).....(*Signature of Soldier*)

(Date).....(*Signature of Witness*)

When a soldier is absent through illness or any other cause and it is not desirable to forward these proceedings to him for signature, a manuscript copy should be sent for the man to sign, and when returned, should be attached here.

9. **Statement of Service**

(Date of enlistment—Canadian Army).....June 2nd, 1941.....

(Date of discharge—Canadian Army).....June 16th, 1943.....

(Total Service—Canadian Army).....years.....days

10. **Confirmation of Discharge**

The discharge of the above-named man is hereby confirmed.

(Place)..... (*Signature*).....

(Date)..... *Commanding*.....

MEDALS AND MEMORIALS—DECEASED PERSONNEL

REGISTRATION NO. DATE OF DESPATCH

(1) MEDALS

PERSON

ENTITLED TO Mr. Napoleon DESJARDINS (FATHER)

ADDRESS: 434 Fournier St.,
St.Jerome, Que.,

(2) MEMORIAL CROSS

WIDOW

ADDRESS:

(3) MEMORIAL CROSS

MOTHER Mrs. Regina Pelletier Desjardins,

ADDRESS 434 Fournier St., St.Jerome, P.Q.

MEMORIAL BAR

(1) DATE DESP

REGN. NO 4036

(2)

DESP. JUL 14 1943
REGN No. 2289

(3)

18-6-43
(O.C.L.-319)

AWARDS—CANADIAN ARMY (ACTIVE) M 1459

100M—10-41 (2195)
H.Q. 1772-45-8

FILE NO. 405-D-10889

SURNAME (IN BLOCK LETTERS)	CHRISTIAN NAMES	REG. NO.	RANK ON DISCHARGE	C.A.S.F. UNIT
DESJARDINS,	Gerard	M.35548	Pte.	R.C.O.C.

WAR SERVICE BADGE

(CLASS) NO. DATE DESPATCHED:

ADDRESS:

CAMPAIGN MEDALS	REGISTRATION NUMBER AND DATE DESPATCHED
Defence Medal War Medal	
C.V.S.M. & Clasp	5321

(THE REVERSE TO BE USED FOR ESTATE PURPOSES)

M-35548

DESJARDINS GERARD

W.W. II

Ref.-43

No M.35548 Rank Private Name DESJARDINS, Gerard.

Unit R.C.O.C. Date of death 16th June, 1943.

Died at Font Hill, Newick, Lewes, East Sussex, England.

Cause Road accident whilst on duty.

Death occurred on strength of Forces.HQ 405-D-10889. d18-6-43

N/K Mrs. Regina Pelletier Desjardins, Relationship Mother.

Address 434 Fournier Street, St. Jerome, P.Q.

Remains buried in Brookwood Cemetery

CWK

Surrey, England.

Grave location Plot 40, Grave 4, Row G.

✓

DEATH CERT. TO N.K. 15-10-43.

BURIAL REPORT TO N.K. 15-10-43.

RETURN TO BUR. OF STAT. 15-10-43.

ROYAL MESSAGE DESP'D. JUN 30 1943

CAN. MESSAGE DESP'D. 21-6-43.

Photographs
Despatched
JUL 24 1946

Deceased ....Checked....E.............Card....✓..............Observations.....II .... O

Deceased

~~ORIGINAL~~.
DUPLICATE
~~TRIPLICATE~~

M.F.M. 2
A.F.B. 271
200M—10-40 (7370)
H.Q. 1772-39-1645

(*To be completed in triplicate. Copy designation to be shown by striking out terms not applicable.*)

Unit NO 13A DISTRICT DEPOT C...A(A) Regimental Number M-35548

CANADIAN ACTIVE SERVICE FORCE

ATTESTATION PAPER

1. Surname DESJARDINS
2. Christian Names GERXARD.
3. Present address MONT LAURIER QUEBEC CANADA.
4. Date of birth OCTOBER 17th.1918
5. Place of birth CANADA (Country) QUEBEC (County or Province) MONT LAURIER. (Town or Township)
6. Religion (state denomination) R.C.
7. Trade or Calling TRACTOR DRIVER.
8. Married, Widower or Single SINGLE?
9. Name of next of kin ~~REGINA PELLETIER DESJARDINS.~~
10. Relationship ~~MOTHER~~ see change
11. Address of next of kin ~~MONT LAURIER QUEBEC CANADA.~~ 324 Lorraine St. JEROME, QUE.
12. Do you belong to, or have you served in the Active Militia of Canada? NO
(If Yes, Give Unit and Dates of Service)
13. Have you served in (a) The Canadian Active Service Force? NO (Yes or No)
(If Yes, Give Regimental No. and Unit) NO (b) Any other Naval, Military, or Air Force? NO (Yes or No) (If Yes, specify Unit and Period of Service)
14. Did you serve during the Great War 1914-1918? NO
(If Yes, specify Regimental No., Unit and Dates of Service)

DECLARATION TO BE MADE BY MAN ON ATTESTATION

I, GERXARD DESJARDINS do solemnly declare that the above particulars are true, and I hereby engage to serve in the Canadian Active Service Force so long as an emergency, i.e., war, invasion, riot or insurrection, real or apprehended, exists, and for the period of demobilization after said emergency ceases to exist, and in any event for a period of not less than one year, provided His Majesty should so require my services.

Usual Signature,

Date 2-6-41. Gérard Desjardins (Signature of recruit)

OATH TO BE TAKEN BY MAN ON ATTESTATION

I, GERXARD DESJARDINS. do sincerely promise and swear (or solemnly declare) that I will be faithful and bear true allegiance to His Majesty.

Gérard Desjardins (Signature of Recruit) Usual Signature,

CERTIFICATE OF MAGISTRATE, JUSTICE OF THE PEACE OR ATTESTING OFFICER

The Recruit above-named was cautioned by me that if he made any false answers to any of the above questions he would be liable to be punished as provided by law.

The above questions and answers were then read to the recruit in my presence.

I have taken care that he understands each question, and that his answer to each question has been duly entered as replied to, and the said recruit has made and signed the declaration and taken the oath before me,

at EDMONTON ALBERTA this 2nd. day of JUNE 1941.

E. W. Edwards (Major) — Signature of Magistrate, Justice or Attesting Officer.
E. W. Edwards Captain & Adjutant
No. 13 A District Depot, C. A. (A) — Office or Rank and Unit or Appointment.

N.B. ATTENTION IS DRAWN TO THE FACT THAT ANY PERSON MAKING A FALSE ANSWER TO ANY OF THE ABOVE QUESTIONS IS LIABLE TO A PENALTY OF SIX MONTHS' IMPRISONMENT

FINGERPRINTED

gh

Record of Service of DESJARDINS (Surname) GERARD (Christian Names) Regimental Number M-35548

Qualifications

Military: NIL

Business or Professional: NIL.

Trade or Civil: TRACTOR DRIVER.

Technical: NIL

Languages: ENGLISH AND FRENCH

Educational Qualifications

High School or Collegiate: NIL (years completed) Graduation or Matriculation: GRADE 7 (specify)

*College: NIL

*University: NIL

*(Name of institution, courses or years completed, and degrees obtained to be shown)

All enlisted personnel will be taken on as Private soldiers, appointments and promotions to higher rank to be shown as provided in the space below.

Report Date	Report From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc., from date taken on Strength of Field Force	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Authority Dated
		Joined on appointment CS as replacements for M U	Pte	2-6-41	No. 13A DISTRICT DEPOT C.A. (A)	Edmonton, Alberta	D.O. 139	JUN 5 1941
		Post. RCOC - Reinf	"	JUN 20 '41	"	"	" 154	JUN 20 1941
		SOS on trans T.C. No. 131 Camrose	"	JUN 27 '41	"	"	" 160	JUN 26 1941
		TOS fap from 13A D.D.	"	JUN 28 1941	CABTC	131 Camrose Pt2A151		JUN 27 1941
		SOS to 13A DD	"	AUG 27 1941	"	"	A 204	AUG 26 1941
		TOS & Post to suPy.to/T S	"	AUG 28 '41	No. 13A DISTRICT DEPOT C.A. (A)	Edmonton, Alberta	D.O. 246	AUG 28 '41
		SOS on Trans-13 D D Calgary.	"	SEP 2 '41	"	"	D 220	SEP 1 1941
4-9-41		T.O.S. #13 D.D. Posted to T.T.	Pte.	3-9-41	#13 DD Calgary	Calgary	DO #212	4-9-41
18-10-41		Admitted to Mewata Hosp.	"	10-10-41	"	"	#252	18-10-41
18-10-41		Dischgd.from " "	"	17-10-41	"	"	#252	18-10-41
13-12-41		Address Next-of-kin changed to read: 324-Lorrain, St.Gerome, Que.	"	12-12-41	"	"	#299	13-12-41.
17-12-41		Granted Furlough & Spec.New Year leave from 16-12-41 to 31-12-41.	"	16-12-41	"	"	#302	16-12-41.
5-I-42		Posted to R.C.O.C. & S.O.S. ATT f.a.p. to Mechanics T/C LONDON ONT		5-I-42	"	"	#4	5-I-42

For additional entries use M.F.M. 1 and 2 (a)

CERTIFICATE OF MEDICAL EXAMINATION

Name in full DESJARINS! Gerrard.

Place Edmonton, Alberta, General Delivery Date 2-6-41

Part 1. Information obtained from the recruit.

1. Age 22 2. Have you ever suffered from any of the following diseases?

a. Rheumatism no
b. Tuberculosis no
c. Bronchitis or asthma no
d. Heart disease no
e. Kidney or bladder disease no
f. Gastro-intestinal no
g. Rupture no
h. Varicose veins no
i. Flat or deformed feet no
j. Nasal trouble no
k. Ear disease no
l. Eye disease no
m. Epilepsy no
n. Nervous or mental disease no
o. Syphilis no
p. Gonorrhoea no
q. Have you ever worn glasses? no
r Are you now or have you in the past received disability pension or compensation? If so, give details no

Gérard Desjardins Usual Signature
Signature of Applicant

Part 2. Information obtained by medical examination. The recruit must be stripped.

1. Identification marks or scars. (If operative obtain history).
Nil.

2. Height 5 feet 3 inches. 3. Weight 144½ pounds.
4. Complexion Fair Eyes Blue Hair L. Brown. 5. Development Fair. Good Fair Poor
6. Chest measurement—Girth on full expansion 37½ inches.
Range of expansion 2 inches.
7. Vision, right 20/20 left 20/20 8. Hearing, right C.V.20 left C.V.15.
9. Condition of mouth and teeth Tonsils large septic. +
10. The abnormalities (congenital and pathological) found on examination are as follows
Urine negative, reflexes O.K. Ear drums normal.

Part 3. We, the examiners, find no evidence of the diseases mentioned in Question 2, Part 1, except as reported in the remarks. We have examined the Recruit in accordance with the pamphlet "Physical standards and Instructions for the medical examination of recruits" and he is found fit for Category A.
Special remarks when category lower than A

C.E. Anderson Major — President; A.W. Hardy — Member; T.R. Brownridge Capt. — Member

C.E. ANDERSON MAJOR A.W. HARDY T.R. BROWNRIDGE CAPT.

VACCINATIONS, INOCULATIONS, BOARDS, RECLASSIFICATION OF MEDICAL CATEGORY

Date	Brief details and signature	Date	Brief details and signature
	5135		
2/6/41	X-Ray Negative C.E. Anderson Major		
T.A.B.T. 3	JUN 10 '41 C.E. Anderson Major; 5-7-41, 25-7-41 [illegible]		
JUN 12 '41	Vac [illegible] Capt		
2-1-42	Cat. A Confirmed [illegible]		
3-6-42	TABT. 3. [illegible]		
11-11-42	Cat A confirmed [illegible]		

Regtl. No. M-35548 Rank Pte Surname DESJARDINS Christian Name GERARD.

STATION	Date of Arrival at the Station	Dates of Admission into Hospital			Dates of Discharge from Hospital			DISEASE	Number of days in Hospital	Remarks on nature of the disease; how induced; if mild or severe; if completely recovered from; whether any particular treatment was adopted. In venereal cases state nature of primary disease, and whether mercury has been given. If an accident, state whether it occurred on duty and whether a Court of inquiry was held. Date of issue and particulars of artificial teeth or surgical appliances supplied.	Signature of Medical Officer
		Day	Month	Year	Day	Month	Year				
Mewata Military Hospital		10	10	41	17	10	41	Bronchitis	7	Chest cold. Tonsils enlarged and cryptic. Recovered. To Unit.	[illegible]

For additional entries use M.F.M. 1 and 2 (b)

Statement of the Service of No. M-35548 Rank .... Sheet No. ....

Name Desjardins Gerard

REPORT Date	From whom received	Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority Part II D.O. No. Cas. List, etc.	Dated
		EMBK'D FOR (O/S) 12-12-42						
		S.O.S. CDN. ARMY (CAN) 12-12-42						
		DISEMB'K'D 18-12-42						
		T.O.S. CDN. ARMY (O/S) 13-12-42						
		ATTACHED F.H.R. TO #2 C.D.I.R.U	PTE	19-12-42	1 C.R.U.	BDN	D.O. 311	21-12-42
		Cease attach #2 CDIRU	"	19.2.43	"	"	44	20.2.43
S.O.S.		SOS to No. 11 Cdn Inf Bde W/S	"	21.2.43	"	"	44	20.2.43
	TOS	TOS from CORU	Pte	22-2-43	11 C I B W/S	[illegible]	6	27-2-43
		Graduated Tfy Fitter A.	Pte	22-2-43	11 C I B W/S	[illegible]	10	22-3-43
		6 Mons Prof Serv pay $1.50 per day	Pte	1 Jan 43	11 C I B W/S	[illegible]	11	29 Mar 43
Change of address		NAPOLEON DESJARDINS (FATHER) 434 FOURNIER ST. ST. JEROME				CB	QUE CAN.	6 May 43
		Failed to Qual Fitter M.V.	Pte	12 May 43	11 C I B W/S	[illegible]	17	
		S.O.S. deceased (Fitter A)	Pte	16,6.43	"	"	O.C. #M-319 J.C.	18-6-43 ~~23~~.6.43

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Statement of the Service of No. M.35584 Rank Pte. Sheet No.

M.F.M. 1 & 2 (a)
700 M—8-39 (1097)
H.Q. 1772-45-18

Name DESJARDINS, G.

REPORT		Record of Promotions, Reductions, Transfers, Casualties, Reports, etc. (Continuation of Folio 2, M.F.M. 1 or M.F.M. 2)	Rank Shown	Effective Date	Unit	Place	Authority	
Date	From whom received						Part II D.O. No. Cas. List, etc.	Dated
		TOS of MTC London on attach'mt from No 13DD and attached for all purposes	Pte.	6-1-42	MTC	London	D.O. # 7	9-1-42
		SOS of No 13 DD on transfer to MTC Auth 6974-G-1 10-1-42						
		On ceasing to be attached for a/p (records only) are TOS on transfer to MTC		6-1-42	"	"	D.O. 24A	29-1-42
		Classified as a Diesel Engine Mechanic G rade "C" by Anderson Org	"	20-3-42				
		Conduct to the prejudice of good order and military discipline in that he was found defacing Government property. Placed under stoppage of pay to make good the sum of $1.50 for loss of tools.	"	11-4-42	"	"	D.O. 86	11-4-42
		Classified as Aero Engine Mechanic Grade "C" by Anderson Org.	"	15-5-42	"	"		
		Admonished and Forfeits 2 days pay, for AWL from 0600 hrs 19-5-42 to 1230 hrs., 20-5-42.	"	20 May 42	"	"	D.O. # 120	21 May 42.
		Classified as a Motor Mechanic grade 2	"	21-8-42				
	No. 2 Dist. Coy	SOS of MTS for A/P on transfer to ~~xxxxxxxxxxxxxxxxxxx~~ Camp Borden, Detail	"	27-8-42	MTS	London	D.O. #204	27-8-42
		Qualified Fitter Group A Cl. 2	"	25-8-42	"	"	D.O.#203	26-8-42
		T.O.S. #2 Ord. Depot Coy on posting from S-15 Mech. Train School London & is detailed for duty etc to Camp Borden	"	28-8-42	RCOC	Toronto	DO # 54	31-8-42
		SOS #2 Ordnance Depot Coy	"	7-9-42	"	"	D.O. # 62	8-9-42
		TOS #2 Arm'd Fighting Vehicle W/s Sect	"	8-9-42	"	"	D.O. # 36	"
21/11/42	SCB 22-10 - O.V.T. Vol. 10 DAAG	SOS #2 Arm'd Fighting Vehicle W/s RCOC Camp Borden detail on transfer to Camp HQ Camp Borden	"	30-11-42	"	"	DO # 58	26-11-42
28/11/42	H.Q.S. 8251 F.D. 210 (DTM) M.G. 206-798	SOS. H.Q. Camp Borden on proceeding overseas	"	9-12-42	"	C. Borden		

To be made out in duplicate

M.D.13

M.F.M. 5
200M—7-40 (6098-9)
H.Q. 1772-39-1651

PARTICULARS OF FAMILY OF AN OFFICER OR OTHER RANK OF THE C.A.S.F. OR R.C.A.F. (ON ACTIVE SERVICE)

INSTRUCTIONS.

(*a*) This form is to be completed immediately an officer or other rank is appointed to, or enlisted in, the C.A.S.F. or R.C.A.F. (ON ACTIVE SERVICE).

(*b*) All questions, etc., must be completed.

(*c*) Both copies of the form are to be forwarded by the Officer Commanding the unit for each officer and other rank, to the Paymaster, or Officer acting as such. The latter will transmit one copy, through the District, Command, or Camp Paymaster, to the Officer i/c Records, N.D.H.Q., Ottawa. The other copy will be retained by the Paymaster of the unit, when transferred to another unit the copy retained by the Paymaster will be sent to the Paymaster of the individuals new unit.

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(1) Name of Officer of Other Rank DESJARDINS GERARD
(Surname first—Christian names in full—Block capitals)

(2) Regimental or Air Force Number and Rank M35548 Pte

(3) Unit NO.13A DISTRICT DEPOT C.A.(A)

(4) Are you married? NO

(5) If married, state,

(*a*) Full name of your wife NA

(*b*) Present postal address of wife NA

(6) If married, have you been regularly supporting your wife? If not—state reasons NA

(7) Are you a widower? NO

(8) Have you any children? NO Number of boys NA Girls NA

Names and ages NA

(9) If Dependents' Allowance is claimed in respect of children—state whether you have been regularly supporting them NA

Give particulars of Guardians to whom Dependents' Allowance should be paid—if authorized.

Name NA

Postal Address NA

[SEE OTHER SIDE]

(10) Have you a common-law wife—whom you have been regularly supporting and publicly representing as your wife for at least 2 years immediately prior to appointment or enlistment?....NO.....

If so, state her full name and Postal Address.....NA.....

.....

.....

(11) Is your father alive?.....YES.....

If so, state name and address, occupation.....Napoleon DESJARDINS.....

LABOURER.....MONT LAURIER.....QUEBEC.....CANADA.....

(12) If your father is a widower and is totally incapacitated from earning a living—are you his sole or partial support?.....NA.....

(13) If sole or partial support of father who is a widower, totally incapacitated from earning a living —state what amount per month you have given him prior to appointment or enlistment.....

.....NA.....

Also state reason he has no other means of support if partially supported by you, what is your reason for not providing full support?.....NA.....

(14) Is your mother alive?.....YES.....

If so, state name and address.....Regina Pelletier DESJARDINS.....

.....MONT LAURIER.....QUEBEC.....CANADA.....

(15) If your mother is a widow, are you her sole or partial support?.....NA.....

(16) If sole or partial support of widowed mother—state what amount per month you have given her prior to appointment or enlistment.....NA.....

Also state reason why she has no other means of support, if partially supported by you what is your reason for not providing full support?.....NA.....

(17) Are you contributing to the support of any dependents, other than those shown above?.....NO.....
This may include any brothers 16 years of age or under, or any sisters 17 years of age or under, solely supported and maintained as bona fide members of your household before your appointment or enlistment.

If so, state the following particulars:—

Relationship.....NA.....

Full Name.....NA.....

Postal Address.....NA.....

Amount contributed monthly during the past six months.....NA.....

.....

(18) Are you insured?.....~~YES~~ NO.....

If so, in what Company?.....NA.....
(Give number of policy)

Have you made arrangements for payment of your Insurance Premium?.....NA.....
If not, and it is a monthly premium, you may assign the amount in addition to any other assignment you wish to make, provided the total assignment is not in excess of the maximum monthly amount which may be assigned.

I hereby certify that the information given by me on this form is correct in each and every particular.

.....Gerard Desjardins.....
(Signature of officer or man)

Date.....JUNE 3rd.1941.....

.....
Officer Commanding.....T. B. T. Hewett.....Captain Paymaster
No. 13 A District Depot, C. A. (A)

Date.....June...3rd.1941.....

N.B. If parent(s) of the officer or other rank concerned has (have) been replaced by foster parent(s), questions relating to fathers and/or mothers above should be altered and answered as applicable.

TRADE TRAINING

Regt'l. No. M.35548 Rank PTE Name Desjardins G Trade

1. REMARKS OF O.C. ADV. T.C. ON APTITUDE FOR TRADE

Training Centre

Date

Officer

2. TECHNICAL SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
Remarks

Principal

3. ARMY TRADES SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
Remarks

Commandant

4. MECHANICS TRAINING CENTRE

Course	Motor	Aero	Diesel
Date of Entry	17-5-42	23-3-42	7-1-42
Date of Leaving	21-8-42	15-5-42	20-3-42
Rating (Percentage)	2	C	C

REMARKS:

J. G. McClelland Capt.
for Commanding Officer

5. D. & M. SCHOOL

Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commanding Officer

6. OTHER CENTRE

Name
Location
Course
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Officer i/c Trades Trng.

7. ADVANCED TRAINING CENTRE ARMY APPLICATION OF TRADE

No. of T.C.
Advanced Course
or
Trained Soldier Coy.
Date of Entry
Date of Leaving
Rating (Percentage)
REMARKS:

Commanding Officer

8. TRADE TEST

Trade FITTER M.V.
Class A-2
Date 25-8-42
Where Tested M.T.S. LONDON
TRADE TEST BOARD—
1. [signature] Chappell President
2. George Walker Member
3. [signature] Leslie Lt Member

9. DISPOSAL

Where Despatched

Date
(Further remarks or records on reverse side)

100M—5-42 (454
H.Q. 1772-45-8

OFFICIAL CANADIAN ARMY OVERSEAS CASUALTY NOTIFICATION

NUMBER H.35548 RANK Private SERVICE UNIT #11 Infantry Brigade Wkshop, RCOC.

NAME DESJARDINS, Gerard

DATE OF BIRTH
DAY 17th MONTH October YEAR 1918

MARITAL STATUS Single

NEXT OF KIN AS SHOWN ON M.F.M. 1, 2 & 5 RELATIONSHIP Mother NAME Mrs. Regina Pelletier Desjardins

ADDRESS 434 Fournier St., St.Jerome, P.Q. ADDRESS D.A.B.

ADDITIONAL PERSON TO BE NOTIFIED ADDRESS

PARENTS NAME

ADDRESS (IF SOLDIER MARRIED OVERSEAS)

AUTHORITY CAS. SIG. NO. Canrecords 2775 H.Q.405-D-10889

CASUALTY DETAILS Died as result road accident whilst on duty. DATE 16-6-43

LAST WILL ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO M.F.M.5. ATTACHED TO NOTIFICATION TO A. OF E.? YES/NO DATE 18-6-43

P.R.

OFFICER I/C RECORDS

6

COPY FOR DOCUMENT FILE

SERVICE AND CASUALTY FORM

PART I (For all ranks)

M.F.M. 4 (Part I)
A.F.B. 103 (Part I)
500M—8-39 (1700)
H.Q. 1772-45-18

Unit NO. 13A DISTRICT DEPOT, C.A.(A) Regimental Number M-35548

1. Surname DESJARDINS
2. Christian Names GERHARD.
3. *Substantive Rank and Appointment Pte
   *Acting Temporary or Local Rank
   giving date 2-6-44
   *To be entered in pencil to facilitate alteration.
4. Place of birth MONT LAURIER QUEBEC CANADA.
5. Date of birth as declared on attestation OCTOBER 17th.1918
   (A)
6. Date of enlistment 2-6-41.
7. Place of enlistment EDMONTON ALBERTA CANADA
8. Residence at time of enlistment MONT LAURIER QUEBEC CANADA
9. (B) Special conditions (if any) of enlistment or rate of pay
10. (C) Any subsequent variations of conditions of service
11. Religion R.C.
12. If married, state date SINGLE.
13. Trade on enlistment TRACTOR DRIVER.
14. Corps, trade and grade
15. (D) Qualifications Fitter "A" failed
16. (E) Miscellaneous entries

(17) Regiment or Corps	Unit (Battn., etc)
R.C.O.C.	11 C.I.B. W/S Rbob

(18) Medical

Category	Date	Authority
"A"	2-6-41	Med. Board.

(19) Next of kin (entries to be made in pencil) Father
Napoleon Desjardins
434 Fournier St.
St. Jerome P.Q. Quebec

(20) E
(21) E
(22) E

NOTES—
(A) Here enter particulars of any subsequent claim as to actual age after verification of birth certificate.
(B) Whether for home service only, enlisted at special rates of pay, etc.
(C) If to be retained on home service, period if specified to be stated; also authority and on what grounds: see (A) above.
(D) Signaller, Farrier, etc.
(E) Instructions regarding allotment of these sub-heads will be made as may be necessary after mobilization.

gh

(a) Report		(b)	(c)	(d)	(e)	(f)	(g)
Date	From whom received	Unit	Record of all casualties regarding promotions (acting, temporary, local or substantive), appointments, transfers, postings, attachments, &c., forfeiture of pay, wounds, accidents, admission to and discharge from Hospital, Casualty Clearing Stations, &c. Date of disembarkation and embarkation from a theatre of war (including furlough, &c.) in accordance with para. 2 of Note to Table I of Appendix III of Field Service Regulations, Volume I	Place of Casualty	Date of Casualty	Army rank as at (e)	Army Form or other authority for entry to be shown
25-8-42	MTS London	RCOC	Tradesman - Fitter Group A Class 2	S.O. 203 London Ont.			
			EMB'KD FOR (O/S) 12-12-42				
			S.O.S. CDN. ARMY (CAN) 12-12-42				
			DISEMB'K'D 18-12-42				
			T.O.S. CDN. ARMY (O/S) 13-12-42				
		1 C.D.R.U.	ATTACHED FAP TO #2 CDIRU	BDN	19-12-42	PTE	D.O. 311 21-12-42
		"	Cease attach #2 CDIRU	"	19.2.43	"	44 - 20.2.43
		"	SOS to No. 11 CDN INF BDE W/S	"	21.2.43	"	~~44~~ - 20.2.43
		11 CIB W/S	TOS from 1 CDRU	Field	22-2-43	"	6 27 Feb 43
			Granted T.P. Fitter "A"	"	22-2-43	"	10 24 Mar 43
			~~Daily rate of Pay @ $1.50~~	"	~~1 Jan 43~~	"	11 ~~29 Mar 43~~
			Change of M-of-R	"		"	17 6 May 43
			~~Failed Qual Fitter A~~	"	~~12 May 43~~	"	~~19 20 May 43~~ Cancelled
	O.C.	11 CIB W/S	P.S.M.A. (9 days) ret 7 May 43	✓	28 Apr 43	✓	19 20 May 43
16 Jan 43	Hosp C.R.	" "	SOS deceased wef 16 Jan 43. Road accident died approx 2200 hrs 16 Jan 43 - Fitter A.	"	16 Jan 43	"	26 23 Jan 43